	,					157	0 1 7	C 2 A
FILED JUN	4 1957	STANDA	RD CERTIF	ICATE OF D	EATH	J [e File No	634
BIRTH NO.				PRIMARY REG. DIS	эт. но. <u>3</u> 6			
	TH			2. USUAL RES	IDENCE (W	here decessed	lived. If ins	titution: residence before
a. COUNTY Jas	per			a. STATE Mis:	sour <u>i</u>	ь. сс	YINUC	Jasper 🖊
b. CITY (If outside corporate limits, write RURAL and give c. LENGTH OF				c. CITY OR TOWN Carthage			aldence within limits of or incorporated town?	
d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR				e. STREET (If rural, give location) ADDRESS 713 Valley			0493	
3. NAME OF	NAME OF a. (First) b. (Middle)			c. (Last) 4. DATE (Month)			(Day) (Year)	
	David	Δ	١.,	Reavis	3	OF DEATH	May	19, 1957
5. SEX ()6.	8. COLOR OR RACE 7. MARRIED, NEVER MARRIED / WIDOWED, DIVORCED (Specify)		1		last birthday	ears if UNDER y) Months		
	10a JISHAI OCCUPATION (Chievind of work 10b, KIND OF BUSINESS OR IN							12. CITIZEN OF WHAT COUNTRY?
done during most of work!r	DUSTRY		i .	(City and Sente of Parellan Council)			COUNTRY? USA	
13a. FATHER'S NAME	<u> </u>			NAME	14. NAM	E OF HUSBA	ND'OR WIF	E
Jones B. R	eavis	:		Bruton	Mar	v Ann	Peter	? S
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME							ADDRESS	
no (Yee, no, or unknown)	yes, give war or dates	14.90	-10-2104	Mary Ann	n Reavi	s, Car	rthage	e, Mo
18. CAUSE OF DEATH	ERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH				
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADI	ING TO DEATH*(a)	Chroni	c myocarditi:	s			unknown
AThis data not many	*This does not mean the mode of dying, such as heart failure, astheria, for the modern the dis- term of the modern the							
the mode of dying, such								
ease, injury, or complica-								-
tion which caused death.						<u> </u>		
19a. DATE OF OPERA-	19b. MAJOR FINE	DINGS OF OPERA	TION			11	224	20. AUTOPSY?
, IION						70	<u> </u>	YES NO E
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJU bome, farm, factory, a	URY (e.g., in or about treet, office bldg., etc.)	21c. (CITY, TOWN.	OR TOWNSHIE	P) (COUNTY)	(STATE)
	(Day) (Year) (WHILE AT	MOT WHILE TO	21f. HOW DID INJ	URY OCCUR?	-		
22. I hereby certify		he deceased fro	m 25 Apr	. <u>15</u> 719, lo	19 May'	57, 19	, that I la	st saw the deceased
alive on1	1157770	and that de	ath occurred at	7:30 ₀ m., Jro	m the causes	ana on the	aate state	23c. DATE SIGNED
				F				20 May 57
L/OK	ryd_	<u> </u>	M.D.	I Cartnag	E NIO.	TION (Oite 1	town or con	
TION, REMOVAL (Spects	s	- 1			1	• •	-	
			/	25 FUNERAL DI	RECTOR'S S	GNATURE	A	DDRESS
5-71-5-REG	1111	llini	tu	Illmer F	uneral	Home.	Cart	hage, Mo.
(Licensed Embalmer's Statement on Reverse Side)								
	BIRTH NO. I. PLACE OF DEA -a. COUNTY Jas b. CITY (It outside cor OR TOWN CAPT! d. FULL NAME OF (INSTITUTION 7) 3. NAME OF DECEASED (Type or Print) 5. SEX Male 10a. USUAL OCCUPATION done during most of working Shipping 13a. Father's NAME JONES B. R 15. WAS DECEASED EVE (Yes. no. or unknown) (II NO 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify the alive on 11 23a. SIGNATURE 24a. BURIAL, CREMA TION, REMOVAL (Beedly BUP 12.1 DATE REC'D BY LOCAL DATE REC'D BY LOCAL	I. PLACE OF DEATH -a. COUNTY Jasper b. CITY (It outside corporate limits, write River Carthage) d. FULL NAME OF (It not in bospital or in HOSPITAL OR INSTITUTION 713 Valle) 3. NAME OF a. (First) DECEASED (Type or Print) 5. SEX (b. COLOR OR RACE Male White 10a. USUAL OCCUPATION (Civic kind of work done during most of working Bis, even if retired) Shiddle Clerk 13a. FATHER'S NAME JONES B. Reavis 15. WAS DECEASED EVER IN U.S. ARMED FOR Conditions on our unknown of the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 11. DISEASE OR CONTROL (It was also and in the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT OF INJURY 22. I hereby certify that I attended to alive on 11 Means of the done can alive on 11 Means of the calculation of the done can alive on 11 Means of the calculation of the done can alive on 11 Means of the calculations contributed to the done can alive on 11 Means of the done can	BIRTH NO. BIRTH NO. REG. DIST. N I. PLACE OF DEATH -a. COUNTY Jasper b. CITY (It outside corporate limita, write RURAL and give RY CONTAINED	BIRTH NO. I. PLACE OF DEATH a. COUNTY Jasper b. CITY (it outside corporate limits, write RURAL and give township) TOWN Carthage d. FULL NAME OF (if not in bespital or institution, give street address or location) NSTITUTION 713 Valley 3. NAME OF a. (Pirst) Deceased (Type or Print) David 5. SEX (Do. COLOR OR RACE Male White Married 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk Jones B. Reavis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Inco valunowan) (if yee, give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the discart, infur, or complication which caused death. 19a. DATE OF OPERATION TION 19b. MAJOR FINDINGS OF OPERATION 19c. ANTECEDENT CAUSES Morbid constributing to the death but not related to the discare or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mooth) (Day) (Year) (Hour) 21d. Thereby certify that I attended the deceased from 25 Apra alive on 11 Usy 121 DATE RECED BY LOCAL Park Ceme DATE RECED BY LOCAL REGISPAR'S SIGNATURE 22a. SURTAL CREMA PARK PARK PARK PARK PARK PARK REGISPAR'S SIGNATURE Park Ceme DATE RECED BY LOCAL REGISPAR'S SIGNATURE TON, REMOVAL (Speedir) DATE RECED BY LOCAL REGISPAR'S SIGNATURE Ton AREA REGISPAR'S SIGNATURE Park Ceme	FILED JUN 4 1957 STANDARD CERTIFICATE OF D. BIRTH NO. REG. DIST. NO. 1. PLACE OF DEATH - COUNTY Jasder b. CITY (It outside comports to limits, write RURAL and give or for the most of the most of the hospital or inautisution, etve street address or location) INSTITUTION 713 Valley 3. NAME OF GIT sot in hospital or inautisution, etve street address or location) NSTITUTION 713 Valley 3. NAME OF GIT sot in hospital or inautisution, etve street address or location) NSTITUTION 713 Valley 3. NAME OF GIT sot in hospital or inautisution, etve street address or location) NSTITUTION 713 Valley 3. NAME OF GIT sot in hospital or inautisution, etve street address or location) NSTITUTION 713 Valley 3. NAME OF GIT sot in hospital or inautisution, etve street address or location NSTITUTION 713 Valley 3. NAME OF GIT sot in hospital or inautisution, etve street address or location NSTITUTION 713 Valley 3. NAME OF GIT sot in hospital or inautisution of the most of surface of service or incomplete in the most of dying, such NSTITUTION 713 Valley 100. USUAL OCCUPATION Colvekinds of very more of the most of dying, such SNID DING CIETY MIG. CO. 130. MOTHER'S MAIDEN NAME 130. MOTHER'S MAIDEN NAME 130. MOTHER'S MAIDEN NAME 130. MOTHER'S MAIDEN NAME 1400-10-2101 17. INFORMAN MARY Am MEDICAL CERTIFICATION 17. INFORMAN MARY Am MEDICAL CERTIFICATION 17. INFORMAN MARY Am MEDICAL CERTIFICATION 17. INFORMAN MARY CAD MARY Am MEDICAL CERTIFICATION 17. INFORMAN MARY Am MEDICAL CERTIFICATION 17. INFORMAN MARY Am MEDICAL CERTIFICATION 18. CAUSE OF DEATH C. In or unknown) 17. INFORMAN MARY CAD MARY Am MEDICAL CERTIFICATION 18. CAUSE OF DEATH C. It means the discussed of death or and address. Mary Capture of title of the death but and related to the death but and related to the death but and related to the death or counting death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 10c. Carthage 21d. TIME (Moscila) (Day) (Year) (Hour) 21e. INJURY OCCURRED MAD CARRESSON M. D. CETT'S D.	PRIMARY REG. DIST. NO. JAPPINARY REG. DIST.	BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2028 Reg. I. PLACE OF DEATH -a. COUNTY JESPOP b. CITY of equide corporate limits, write RURAL and give township) TOWN CATTHAGE - C. FULL MAME OF Off at so in borpia or institution, citys streat address or bossion) NOTIFICATION 713 Valley - C. FULL MAME OF Off at so in borpia or institution, citys streat address or bossion) NOTIFICATION 713 Valley - C. CITY OWN CATTHAGE - C. CITY OWN CATTHAGE - C. CITAL STREET - C. CITY OWN CATTHAGE - C. CLASI) - A. DATE - C. CLASI) - C. CLASI) - C. CLASI - C. C	FILED JUN 4 1955 STANDARD CERTIFICATE OF DEATH SIGNT NO.

STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

Signature of Student Embalmor

Licensed Embalmer No. 1.

P. O. Address Collinson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.